

**CLAIMS ONLY**

Application Number \_\_\_\_\_ Filing Date \_\_\_\_\_

Applicant(s) \_\_\_\_\_

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep	* Depend	* Indep	* Depend	* Indep	* Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51	1				
2							52	1				
3							53	1				
4							54	1				
5							55	1				
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					